

**Depression and Suicidal Ideation among Institutionalized and Non-Institutionalized Elders****Godishala Sridevi**

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*Paper Received on: 19/04/2014**Paper Reviewed on: 20/04/2014**Paper Accepted on: 21/04/2014***Abstract**

The number of elderly people is growing very fast in both developed and developing Countries. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elders. Depression is a serious condition for people of all ages, but for older people depression is often associated with other co-morbid conditions, such as physical disability, dementia and anxiety that exacerbate the distress experienced by older people and their carers and studies also revealed that geriatric depression is prevalent in rural south India. Poverty and physical ill health are risk factors for depression among elderly while good social support is protective. Studies reveals that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones and non- institutionalized elderly had a higher life satisfaction than institutionalized and there is also gender difference.

**Aim:** The aim of the study is to investigate the depression and suicidal ideations among institutionalized and non-institutionalized elders.

**Method:** For the purpose the study which consists of 40 elders who are institutionalized at Warangal, and 40 elders who are staying with families at Warangal. The age range of the elders is 60 to 80 years and the informed consent was taken from the participants. The tools used are Geriatric Depression Scale (GDS) and The Modified Scale for Suicidal Ideation.

**Results:** The institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders. The single elders are having significant depression and suicidal ideation than coupled elders. Male elders are having more depression that female elders but in suicidal ideation female elders are having more than male elders. The study also revealed that

there is no significant difference in depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age, educational background, socio economic status but urban elders are showing significant suicidal ideation than rural elders.

**Key Words:** Depression, Suicidal Ideation, Institutionalized & Non- Institutionalized Elders.

## **INTRODUCTION**

The number of elderly people is growing very fast in both developed and developing Countries. The rapid change in the social and cultural values had made a tremendous impact on mental well being of elders. In the modern world elders are the mean of a burden on the family in all societies and cultures and mistreatment with elderly is common everywhere (Chokkanathan et al, 2008). Many families who lives in the urban localities are tend to send the elders in the institutions. Institutionalization provokes the feeling of loneliness and neglect in elders. Such living arrangements may have negative effects on the mental health of its residents, because placement is often accompanied by feelings of lack of control over one's own life, and inability to make decisions regarding daily issues (Ron, 2004). Depression is a common but frequently unrecognised or inadequately treated condition in the elderly (Cindy & Helen 2011). In the elderly population, either in the institution or non institution, depression is the commonest mental illness (Nandi et al., 1997). The state of well being varies from 22.1% to 52.1% in the elders and the prevalence rate of mental morbidity is 89/1000 elders with geriatric depression accounting for 60/1000 (Rao, 1993). The study also revealed that geriatric depression is prevalent in rural south India. (Dubey, et, al., 2011). Studies revealed that institutionalized elderly have more stress and less quality of life compared to non-institutionalized ones (Mathew et al., (2009). The point prevalence of elderly suicidal ideation was 6.1%. Female gender, age over 85 years, low level of of education, single status, unemployment. No income, disability, current smoking, self-perceived bad to very bad health, depressive symptoms, various physical disorders (heart disease, diabetes, asthma, osteoporosis), and pain symptoms (joint pain, lower back pain, neck pain, sciatica, headache) were strongly associated with suicide ideation (Hsiang-Lin et al., 2011). The poor physical health including poor vision problems, hearing problem, and greater number of diseases and poor mental health especially in the form of depression are predictor of suicidal ideation in the elderly population (Yip et al., 2003). A research on the social

networks of older persons in India to find the impacts of residency in old-age homes, gender differences, and joint and nuclear family residence. This research demonstrates that social networks are important for the welfare of older Indians, one can conclude that social policy that encourages the maintenance of robust networks throughout the life course may be worth pursuing. The analysis of the relationship between social network and gender suggests that current policies that can be seen as supporting gender inequality in terms of property may have a negative impact on the networks of older women Willigen & Chadha (2003). Some of the studies concluded that there is a need to pay interdisciplinary attention to the mental health of elderly residents of nursing homes, particularly in the preliminary stages of placement and adjustment (Ron, 2004). Treatment for the elderly patients with depression should involve biopsychosocial dimensions targeting mood, cognition and functional ability at the same time (Cindy & Helen 2011).

### **METHODOLOGY**

**Aim:** The aim of the study is to examine the depression and suicidal ideation among institutionalized and non-institutionalized elders.

**Sample:** 40 elders who are staying at old age home (Institutionalized) and 40 elders who are staying with their families (Non-Institutionalized).

#### **Inclusion criteria**

- Elders who were institutionalized
- Elders who were staying along with their family members
- Age range of the elders is 60-80yrs.
- Elders with both genders
- Single, widows, diverse and couples were included in this study.

#### **Exclusion criteria**

- Alzheimer's and Parkinson disorder.
- Neurological conditions

- Substance abuse
- Any past or present psychiatric history were excluded from the study

**Tools:** Geriatric Depression Scale (GDS) developed by Yesavage J.A. in 1983 and

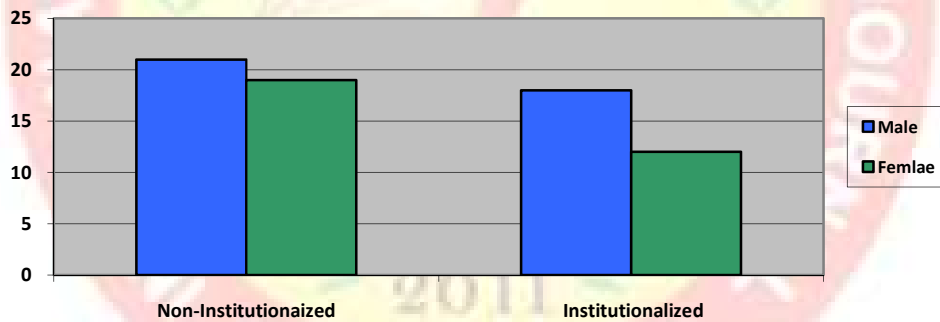
The Modified Scale for Suicidal Ideation developed by Ivan W. Miller in 1991.

**Procedure:**

40 samples collected from old age home and 40 samples collected who are staying with their family members.

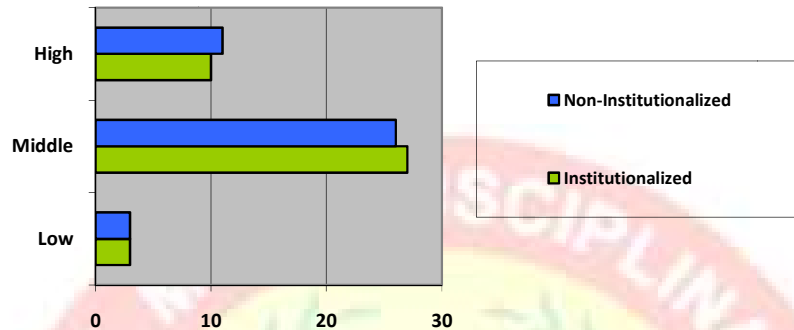
**RESULTS & DISCUSSION**

**Graph-1: Institutionalized & non-institutionalized elders based on gender**



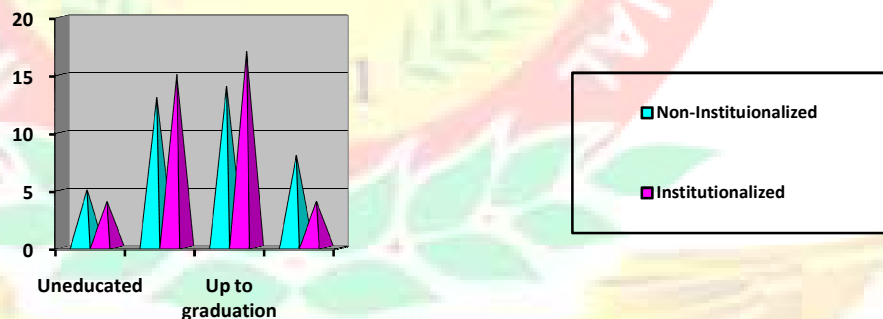
The graph-1 gives demographic data of institutionalized and non institutionalized elders based on gender. It gives that Non-institutionalized female elders are 19 (48%), male elders are 21 (52%) and institutionalized female elders are 12 (30%), male elders are 18 (70%). In this sample male elders are more than female in both institutionalized and non-institutionalized elders.

**Graph-2: Socio Economic Status of Institutionalized & non-institutionalized elders**



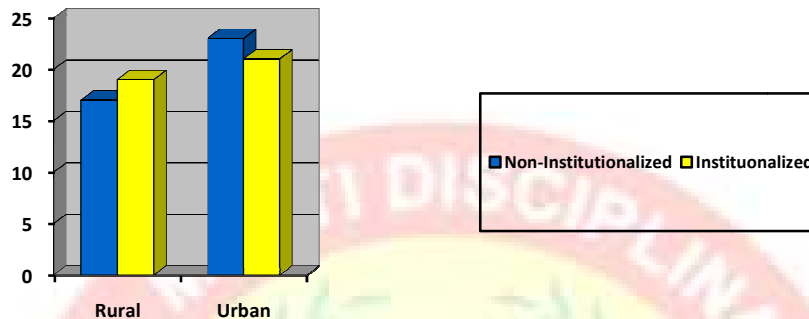
Graph-2 gives the socio economic status of non-institutionalized elders and institutionalized elders. The Non-institutionalized elders from low Socio Economic Status are 3(7.5%), middle SES are 26(65%), and high economic status are, 11(27.5%). The institutionalized elders from low SES are 3(7.5%), middle SES are 27(67.5%), and high economic status are, 10(25%). In this sample middle socio economic status elders are more than low and high socio economic status.

**Graph-3: Educational Background of Institutionalized & non-institutionalized elders**



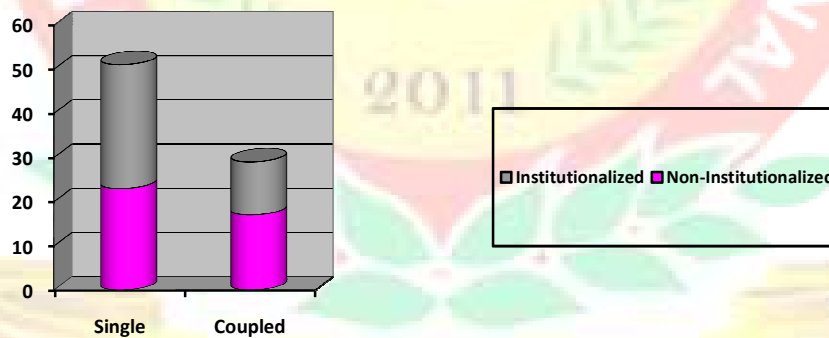
Graph-3 gives the educational background of the institutionalized and non- institutionalized elders. Non-Institutionalized elders educational background such as uneducated are 5(11%), up to 10<sup>th</sup> class are 13(30%), up to graduation are 14(31%), and post graduation & above are 8(18%). Institutionalized elders educational backgrounds such as uneducated are 4(10%), up to 10<sup>th</sup> class are 15(38%), up to graduation are 17(42%), and post graduation & above are 4(10%). In this sample most of the elders are educated up to 10<sup>th</sup> class and graduated from both the groups.

**Graph-4: Domicile of Institutionalized & non-institutionalized elders**



Graph-4 gives the domicile of the institutionalized and non institutionalized elders. Non-institutionalized elders from rural background are 17(39%) and urban background are 23(52%). Institutionalized elders from rural background are 19(47.5%) and urban background are 21(52.5%). In this sample most of the elders are belongs to urban background from both the groups.

**Graph-5: Type of (Single/Coupled) Institutionalized & non-institutionalized elders**



Graph-5 gives the type (Single/Coupled) of institutionalized and non-institutionalized elders. Non-Institutionalized single elders are 23(52%) and coupled elders are 17(39%). Institutionalized single elders are 28(70%) and coupled elders are 12(30%). Most of the elders are single elders from both the groups.

**Table-1: Means, SD and significance of depression & suicidal ideation in non-institutionalized and institutionalized elders**

Item	Type	N	Mean	SD	t	df	
GDS	Institutionalized	40	18.95	4.01	5.50	78	0.000**
	Non-Institu	40	14.70	2.76			
RSSI	Institutionalized	40	26.92	7.95	3.73	78	0.000**
	Non-Institu	40	20.75	6.78			

Table -1 gives the Means, SD and significance of Depression & suicidal ideation in institutionalized and non-institutionalized elders. There is a significant difference in depression and suicidal ideation among institutionalized and non-institutionalized elders. The Mean(±)SD scores of depression in institutionalized elders is 18.95(±)4.01 and in non-institutionalized elders is 14.7(±)2.76 and for suicidal ideation in institutionalized elders is 26.92(±)7.95 and in non-institutionalized elders is 20.75(±)6.78. When the two groups compared, the institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders and it is significant at 0.000 level.

**Table-2: Means, SD and significance of depression & suicidal ideation in Non-Institutionalized and institutionalized elders based on gender**

	Item	Gender	N	Mean	SD	t	df	
Non-Institutionalized	GDS	Female	19	12.84	1.5	-5.23	38	0.00**
		Male	21	16.38	2.57			
	RSSI	Female	19	17.38	7.95	-3.37	38	0.02*
		Male	21	23.80	6.28			
Institutionalized	GDS	Female	19	19.5	3.58	0.562	38	0.578
		Male	21	18.71	4.23			
	RSSI	Female	19	27.41	7.51	0.253	38	0.802
		Male	21	26.71	8.25			

Table -2 gives the Means, SD and significance of Depression & suicidal ideation in institutionalized and non-institutionalized elders based on gender. There is a significant difference in depression and suicidal ideation among institutionalized and non-institutionalized elders based on gender. The Mean(±)SD scores of depression in female institutionalized elders is 19.5(±)3.5 and in male elders is 18.71(±)4.23. The Mean(±)SD in non-institutionalized female elders is 12.84(±)1.5 and in male elders is 16.38(±)2.57. For suicidal ideation in institutionalized female elders is 27.41(±)7.51 and in male elders is 26.71(±)8.25. The Mean(±)SD in non-institutionalized female elders is 17.38(±)7.95 and male elders is 23.80(±)6.28. It shows that the non-institutionalized male elders are having significant depression and suicidal ideation than female elders and depression is significant at 0.001 level and suicidal ideation is significant at 0.01 level. It also shows that there is no significant difference in depression and suicidal ideation between institutionalized male and female elders. The institutionalized male and female elders are having same level of depression and suicidal ideation among them. When the two groups compared; for total 80 elders, the Mean(±)SD scores of depression in female elders is 15.41(±)4.11 and in male elders is 17.71(±)3.76. It shows that the institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders and it is significant at 0.000 level.

**Table-3: Means, SD and significance of depression & suicidal ideation in Non-Institutionalized and institutionalized elders based on Type of elders**

	Item	Type	N	Mean	SD	t	df	
Non-Institutionalized	GDS	Single	23	14.56	2.38	-0.35	38	0.73
		Coupled	17	14.88	3.27			
	RSSI	Single	23	22.65	6.77	2.15	38	0.04*
		Coupled	17	18.17	6.07			
Institutionalized	GDS	Single	28	20.1	4.11	0.562	38	0.04*
		Coupled	12	16.25	2.09			
	RSSI	Single	28	29.42	7.45	0.253	38	0.01*
		Coupled	12	21.08	5.88			

Table -3 gives the Means, SD and significance of Depression & suicidal ideation in institutionalized and non-institutionalized elders based on type of elders. There is a significant



difference in depression and suicidal ideation among institutionalized and non-institutionalized elders based on type of elders. The Mean( $\pm$ )SD sores of depression in single institutionalized elders is 20.1( $\pm$ )4.11 and in coupled elders is 16.25( $\pm$ )2.09. The Mean( $\pm$ )SD in non-institutionalized single elders is 14.56( $\pm$ )2.38 and in coupled elders is 14.88( $\pm$ )3.27. For suicidal ideation in institutionalized single elders is 29.42( $\pm$ )7.45 and in coupled elders is 21.08( $\pm$ )5.88. The Mean( $\pm$ )SD in non-institutionalized single elders is 22.65( $\pm$ )6.77 and coupled elders is 18.17( $\pm$ )6.77. it shows that non-institutionalized single and coupled elders are having same level of depression, but single elders are showing significant suicidal ideation than coupled elders and it is significant at 0.01 level. The institutionalized single elders are showing significant depression and suicidal ideation than coupled elders and it is significant at 0.01 level. When the two groups compared; single elders are having significant depression and suicidal ideation than coupled elders. Depression is significant at 0.01 level and suicidal ideation is significant at 0.001 level.

**Table-4: Significance of depression and suicidal ideation among elders based on age, educational background, SES and domicile**

Item	Age	Education	SES	Domicile
GDS	0.286	0.721	0.314	0.882
RSSI	0.204	0.473	0.629	0.047*

Table -4 gives the Means, SD and significance of Depression & suicidal ideation in institutionalized and non-institutionalized elders based on age range of elders, education, Socio economic status and domicile of the elders. When the two groups compared there is no significant difference in depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age range of the elders. All the elders are having same level of depression and suicidal ideation. The Mean( $\pm$ )SD sores of depression in uneducated, educated up to 10<sup>th</sup> class, graduated and post graduated elders are 18.22( $\pm$ )2.53, 16.42( $\pm$ )3.59, 16.74( $\pm$ )4.55 and 16.91( $\pm$ )4.71 respectively. The Mean( $\pm$ )SD sores of suicidal ideation in

uneducated, educated up to 10<sup>th</sup> class, graduated and post graduated elders are 25.33(±)7.76, 22.25(±)8.11, 25.22(±)7.59 and 22.83(±)8.91 respectively.

The Mean(±)SD sores of depression in low SES, middle SES, and high SES of elders are 19.83(±)9.02, 16.75(±)3.84, and 16.33(±)4.4 respectively. The Mean(±)SD sores of suicidal ideation among low SES, middle SES, and high SES of elders are 22.83(±)9.02, 23.49(±)8.1, and 23.85(±)7.45 respectively.

The Mean(±)SD sores of depression in rural and urban background of elders are 16.88(±)4.6, and 16.88(±)3.57 respectively. The Mean(±)SD sores of suicidal ideation among rural and urban background of elders are 21.88(±)8.52, and 25.43(±)7.2 respectively. It shows that there is no significant in depression and suicidal ideation among elders based on educational background, socio economic status and domicile. All the elders are having same level of depression and suicidal ideation. But urban elders are showing significant suicidal ideation than rural elders and it is significant at 0.01 level.

**Table-5: Correlation of GDS and RSSI**

Item	GDS	RSSI
GDS	1	0.722**
RSSI	0.722**	1

\*\* Correlation is significant at the 0.01 level.

Table-5 gives the correlation of GDS and RSSI and they are correlated at 0.001 level. It indicates that high scores on Geriatric Depression Scale are positively correlated to Modified Scale for Suicidal Ideation.

## CONCLUSION

- The institutionalized elders are having significant depression and suicidal ideation than non-institutionalized elders.

- The single elders are having significant depression and suicidal ideation than coupled elders.
- There is gender difference on depression and suicidal ideation among institutionalized and non-institutionalized elders.
- There is no significant difference in depression and suicidal ideation between institutionalized elders and non-institutionalized elders based on age , educational background, socio economic status and domicile of elders.

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